

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

D. Kendall Taylor, Registered Agent  
 Pennsylvania Life Insurance Co.  
 502 E. Notch St.  
 Andalusia, AL 36420

*54 C 05-1222*

2. Article Number  
*(Transfer from service label)*

PS Form 3811, February 2004

## A. Signature

*Kendall Taylor*

 Agent Addressee

## B. Received by (Printed Name)

*Kendall Taylor*

## C. Date of Delivery

*1-306*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

*7002 0860 0002 2871 9600*

Domestic Return Receipt

102595-02-M-1540